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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 09/823,667 03/30/2001 ABN
 which is a CIP of 09/779,381 02/07/2001 ABN

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 07/03/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 45	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

293

TITLE

MULTI-SERVICE SEGMENTATION AND REASSEMBLY DEVICE THAT MAINTAINS ONLY ONE REASSEMBLY CONTEXT PER ACTIVE OUTPUT PORT

FILING FEE RECEIVED 1120	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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